

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEBRASKA**

THE PRUDENTIAL INSURANCE
COMPANY OF AMERICA, AND
HARTFORD LIFE AND ANNUITY
INSURANCE COMPANY,

CASE NO. 8:14-cv-42

Plaintiff,

COMPLAINT IN INTERPLEADER

v.

SUSAN C. PETERS, FIVE POINTS
BANK, as TRUSTEE OF THE MAXINE
BIELFELDT TRUST, and DAWN M.
STANGE,

Defendants.

Plaintiffs, The Prudential Insurance Company of America ("Prudential") and Hartford Life and Annuity Insurance Company ("Hartford") (collectively referred to as the "Plaintiffs"), by and through their undersigned counsel, for their Complaint in Interpleader, allege the following:

PARTIES

1. Prudential is an insurance company organized and existing under the laws of the State of New Jersey with its principal place of business in New Jersey. Prudential is duly authorized to do business in the State of Nebraska.

2. Hartford is an insurance company organized and existing under the laws of the State of Connecticut with its principal place of business in Connecticut. Hartford is duly authorized to do business in the State of Nebraska.

3. Upon information and belief, Maxine A. Bielfeldt (the "Insured") was a resident of Lincoln, Nebraska.

4. Upon information and belief, Susan C. Peters ("Susan Peters") is the Insured's niece and a resident and citizen of Lincoln, Nebraska.

5. Upon information and belief, Five Points Bank, the Trustee of the Maxine Bielfeldt Trust (the "Trust"), is a domestic bank chartered by the state of Nebraska and registered as such with the Nebraska Secretary of State.

6. Upon information and belief, Dawn M. Stange ("Dawn Stange") is the Insured's granddaughter and a resident and citizen of Norfolk, Nebraska.

JURISDICTION AND VENUE

7. This Court has jurisdiction under 28 U.S. C. § 1332, in that the parties are of diverse citizenship and the amount in controversy exceeds \$75,000.00. Prudential is a New Jersey citizen for diversity purposes, Hartford is a Connecticut citizen for diversity purposes, and upon information and belief, the defendants are citizens of Nebraska.

8. Venue is proper in this federal district pursuant to 28 U.S.C. § 1391(b)(2) because a substantial part of the events or omissions giving rise to the claim occurred in this district. Venue is also proper in this Court pursuant to 28 U.S.C. § 1397 because one or more of the claimants resides in this judicial district.

CAUSE OF ACTION IN INTERPLEADER

9. This is an action for interpleader under Federal Rule of Civil Procedure 22, and for related declaratory and injunctive relief, regarding competing claims to the proceeds of a life insurance policy issued by Hartford.

10. On or about October 10, 2002, Hartford issued individual life insurance policy number VL 93 299 98 (the "Policy") to the Insured, which provided coverage on the life of the Insured.

11. Prudential subsequently became the administrator of the Policy.

12. By Change of Beneficiary form dated February 21, 2006, the Insured designated Dawn Stange and the Trust as co-Primary Beneficiaries to the Policy, each entitled to 50% of the Policy benefits. *A true and correct copy of the Change of Beneficiary form dated February 21, 2006 is attached hereto as **Exhibit A**.*

13. By Change of Beneficiary form dated July 16, 2008, the Insured designated Dawn Stange as sole Primary Beneficiary to the Policy, entitled to 100% of the Policy benefits. *A true and correct copy of the Change of Beneficiary form dated July 16, 2008, is attached hereto as **Exhibit B**.*

14. By Change of Beneficiary form dated February 10, 2010, the Insured designated Susan Peters as sole Primary Beneficiary to the Policy, entitled to 100% of the Policy benefits. *A true and correct copy of the Change of Beneficiary form dated February 10, 2010, is attached hereto as **Exhibit C**.*

15. By Change of Beneficiary form dated February 25, 2010, the Insured designated Susan Peters and the Trust as co-Primary Beneficiaries to the Policy, each entitled to 50% of the Policy benefits. *A true and correct copy of the Change of Beneficiary form dated February 25, 2010, is attached hereto as **Exhibit D**.*

16. On or about December 7, 2011, ownership of the Policy was transferred to Five Points Bank, as Conservator of Maxine Bielfeldt.

17. Upon information and belief, the Insured died on August 26, 2013. *A true and correct copy of the Insured's Certificate of Death is attached hereto as **Exhibit E**.*

18. As a result of the death of the Insured, Policy benefits in the amount of \$451,686.50 (the "Death Benefit") became payable to a beneficiary or beneficiaries and liability is conceded to that effect.

19. By letter dated September 12, 2013, Five Bank Points, through Trust Officer Theresa Starkey, informed the Hartford that the Policy's beneficiaries of record at the time of the Insured's death may be disputed. *A true and correct copy of the letter dated September 12, 2013, is attached hereto as **Exhibit F**.*

20. By letter dated October 21, 2013, Dawn Stange, through counsel, asserted a claim to the Death Benefit, alleging that there may have been fraud or undue influence exerted by Susan Peters in connection with the most recent beneficiary designations. *A true and correct copy of the letter dated October 21, 2013, is attached hereto as **Exhibit G**.*

21. There have been no other claims for the Death Benefit. Under the circumstances, Plaintiffs cannot determine factually or legally who is entitled to the Death Benefit. By reason of the actual or potential claims of the interpleading defendants, Plaintiffs are or may be exposed to multiple liability.

22. Plaintiffs are ready, willing and able to distribute the Death Benefit, plus applicable claim interest, if any, payable in accordance with the terms of the Policy to whomever this Court shall designate.

23. As mere stakeholders, Plaintiffs have no interest (except to recover their attorneys' fees and cost of this action) in the Death Benefit payable and respectfully request that this Court determine to whom said benefits should be paid.

24. Plaintiffs accordingly will deposit with the Registry of the Court the Death Benefit, plus applicable claim interest, if any, for disbursement in accordance with the judgment of this Court.

25. Plaintiffs have not brought this Complaint in Interpleader at the request of any of the Defendants. There is no fraud or collusion between Plaintiffs and any of the Defendants. Plaintiffs bring this Complaint of their own free will and to avoid being vexed and harassed by conflicting and multiple claims.

WHEREFORE, Plaintiffs pray that the Court enter judgment:

- (a) requiring the Defendants to answer this Complaint in Interpleader and litigate their claims between themselves for the Death Benefit;
- (b) requiring that the Defendants settle and adjust between themselves, or upon their failure to do so, this Court settle and adjust the claims and determine to whom the Death Benefit should be paid;
- (c) permitting Plaintiffs to deposit the amount of the Death Benefit, plus applicable claim interest, if any, into the Court or as this Court otherwise directs to be subject to the order of this Court and to be paid out as this Court shall direct;
- (d) discharging Plaintiffs from any and all further liability to Defendants relating in any way to the Death Benefit and/or the Policy upon payment of the Death Benefit into the Registry of this Court or as otherwise directed by this Court;
- (e) enjoining the Defendants from instituting or prosecuting any proceeding in any state or United States court affecting the Death Benefit and/or the Policy;
- (f) awarding Plaintiffs their attorneys' fees and costs in their entirety; and
- (g) awarding Plaintiffs any other and further relief that this Court deems just and proper.

Dated this 6th day of February, 2014.

THE PRUDENTIAL INSURANCE COMPANY OF
AMERICA, AND HARTFORD LIFE AND
ANNUITY INSURANCE COMPANY, Plaintiff,

By: /s/Erin E. Busch

Erin E. Busch (NE# 23307)

of BAIRD HOLM LLP

1700 Farnam St Ste 1500

Omaha, NE 68102-2068

Phone: 402-344-0500

4. Upon information and belief, Susan C. Peters ("Susan Peters") is the Insured's niece and a resident and citizen of Lincoln, Nebraska.

5. Upon information and belief, Five Points Bank, the Trustee of the Maxine Bielfeldt Trust (the "Trust"), is a domestic bank chartered by the state of Nebraska and registered as such with the Nebraska Secretary of State.

6. Upon information and belief, Dawn M. Stange ("Dawn Stange") is the Insured's granddaughter and a resident and citizen of Norfolk, Nebraska.

JURISDICTION AND VENUE

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16. On or about December 7, 2011, ownership of the Policy was transferred to Five Points Bank, as Conservator of Maxine Bielfeldt.

17. Upon information and belief, the Insured died on August 26, 2013. *A true and correct copy of the Insured's Certificate of Death is attached hereto as **Exhibit E**.*

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21. There have been no other claims for the Death Benefit. Under the circumstances, Plaintiffs cannot determine factually or legally who is entitled to the Death Benefit. By reason of the actual or potential claims of the interpleading defendants, Plaintiffs are or may be exposed to multiple liability.

22. Plaintiffs are ready, willing and able to distribute the Death Benefit, plus applicable claim interest, if any, payable in accordance with the terms of the Policy to whomever this Court shall designate.

23. As mere stakeholders, Plaintiffs have no interest (except to recover their attorneys' fees and cost of this action) in the Death Benefit payable and respectfully request that this Court determine to whom said benefits should be paid.

24. Plaintiffs accordingly will deposit with the Registry of the Court the Death Benefit, plus applicable claim interest, if any, for disbursement in accordance with the judgment of this Court.

25. Plaintiffs have not brought this Complaint in Interpleader at the request of any of the Defendants. There is no fraud or collusion between Plaintiffs and any of the Defendants. Plaintiffs bring this Complaint of their own free will and to avoid being vexed and harassed by conflicting and multiple claims.

WHEREFORE, Plaintiffs pray that the Court enter judgment:

- (a) requiring the Defendants to answer this Complaint in Interpleader and litigate their claims between themselves for the Death Benefit;
- (b) requiring that the Defendants settle and adjust between themselves, or upon their failure to do so, this Court settle and adjust the claims and determine to whom the Death Benefit should be paid;
- (c) permitting Plaintiffs to deposit the amount of the Death Benefit, plus applicable claim interest, if any, into the Court or as this Court otherwise directs to be subject to the order of this Court and to be paid out as this Court shall direct;
- (d) discharging Plaintiffs from any and all further liability to Defendants relating in any way to the Death Benefit and/or the Policy upon payment of the Death Benefit into the Registry of this Court or as otherwise directed by this Court;
- (e) enjoining the Defendants from instituting or prosecuting any proceeding in any state or United States court affecting the Death Benefit and/or the Policy;
- (f) awarding Plaintiffs their attorneys' fees and costs in their entirety; and
- (g) awarding Plaintiffs any other and further relief that this Court deems just and proper.

Dated this 6th day of February, 2014.

THE PRUDENTIAL INSURANCE COMPANY OF
AMERICA, AND HARTFORD LIFE AND
ANNUITY INSURANCE COMPANY, Plaintiff,

By: /s/Erin E. Busch

Erin E. Busch (NE# 23307)

of BAIRD HOLM LLP

1700 Farnam St Ste 1500

Omaha, NE 68102-2068

Phone: 402-344-0500



P.O. Box 64582
St. Paul, MN 55164
(609) 231-5453
Fax: (651) 738-5629

RECEIVED

2006 FEB 23 A 7 05

VL 9329998
Policy number
Maxine Bielfeldt
Insured
Same
Policyowner's name
2329 N. Wheeler Ave.
Address
Grand Island NE 68801
City State Zip

Change of Beneficiary Woodbury #17

Side A - Complete this side for Individual Beneficiary(ies)

The undersigned hereby requests that all previous beneficiary designations and settlement options elected be revoked and makes the following designations: (If additional space is needed, attach a separate sheet which includes the policy number, the date and your signature.) For multiple beneficiaries use percentages NOT dollar amounts.

Primary

Name Down M. Stange	Name Maxine A. Moore Bielfeldt Trust	Name
Address 204 S. 17th Street	Address 2329 N. Wheeler	Address
Norfolk, NE 68701	Grand Island, NE 68801	
Relationship Granddaughter 50%	Relationship Trust 50%	Relationship
Social Security number	Social Security number REDACTED	Social Security number

Contingent (secondary) - Receives benefits ONLY if no Primary Beneficiary survives the insured.

Name	Name	Name
Address	Address	Address
Relationship	Relationship	Relationship
Social Security number	Social Security number	Social Security number

☐ Include as contingent beneficiary any future children born of, or legally adopted by, the insured. Applies only if checked.
If this box is checked do not designate percent numbers on contingent beneficiaries.

The Undersigned requests that the Company waive any provision in the policy requiring that a requested change of beneficiary not take effect until endorsed on the policy, that the requested change be effected by the return of a copy of this request with the Company's acknowledgment and that upon being acknowledged, any such change will take effect as of the date the requested change was executed.

Maxine A. Bielfeldt TFE
Signature of policyowner or trustee with title

2-21-06
Date

Signature of co-owner/second officer with title (if corporate-owned)

Date

308,382-8866
Policyowner's telephone number

REDACTED
Social Security or Tax ID number.

Shelley Gormanelli

101954 (03/05)

Company Registrar

MAR 03 2006

EXHIBIT

A



P.O. Box 64582
St. Paul, MN 55164
(800) 231-5453
Fax: (651) 738-5629

VL 932 9998
Policy number
Maurine Bielfeldt
Insured
Same
Policyowner's name
2329 N. Wheeler Ave
Address
Gunn Island NE 6801
City State Zip

Change of Beneficiary

Side B - Complete this side for Trust Beneficiary or Other Designation

Trust Beneficiary under a formal trust agreement- Trust pages are required with all Trustee signatures.

Name of Trust Maurine Bielfeldt TTEE - W/A Dtd. 3/17/94 - for Maurine Anne Bielfeldt Trust
dated 3/17/1994

OR

Trust Beneficiary under Last Will and Testament

_____, Trustee
as designated in my Last Will and Testament, or the successor or successors in Trust.

OR

Other beneficiary designation:

The Undersigned requests that the Company waive any provision in the policy requiring that a requested change of beneficiary not take effect until endorsed on the policy, that the requested change be effected by the return of a copy of this request with the Company's acknowledgment and that upon being acknowledged, any such change will take effect as of the date the requested change was executed.

Maurine A Bielfeldt TTEE
Signature of policyowner or trustee with title

2-21-06
Date

Signature of co-owner/second officer with title (if corporate-owned)

Date

308 382-8866
Policyowner's telephone number

REDACTED
Social Security or Tax ID number

Shelly Yarnaudis

08/06/2008 14:04

8778544682

EDWARD JONES

PAGE 02/02

Change of Beneficiary



P.O. Box 64582
St. Paul, MN 55164-0582
(800) 231-5453
Fax: (651) 738-5529

VL 932 999 8

Policy Number*
maxine A. BielfeldtName of Insured*
Maxine A. Bielfeldt

Policyowner's Name*

Beneficiary change requests can only be made during the lifetime of the insured. Upon Hartford's receipt of this completed form, the Beneficiary change will be effective as of the date it was signed by the Policyowner and whether or not the Insured is living when we receive it. However, the change will be subject to any payment that Hartford may have made or actions it may have taken prior to receipt of the completed form.

Important instructions

1. If new beneficiary is a trust, a copy of the trust document or a copy of the Hartford Trust Certification Form must be submitted and the trust name and date must be included as the name in the information box below.
2. If additional space is needed, please attach a separate sheet which includes: 1) the policy number and name of insured; 2) the information requested in the box below; and 3) signature of Owner(s) along with the date.
3. For multiple beneficiaries, use percentages NOT dollar amounts. Percentages must equal 100%. If no percentages are indicated, an equal division will be assumed.
4. All designations must be witnessed by someone other than the beneficiary.

Primary - The undersigned hereby requests that all previous primary beneficiary designations and settlement options elected be revoked and makes the following designations (If no entry is made, previous designations and/or elections will remain unchanged):

Name (Please Print) Dawn M. Stange	Name	Name
Address 204 S. 17th Street	Address	Address
Relationship Granddaughter	Relationship	Relationship
% 100	%	%
REDACTED		
Social Security Number	Social Security Number	Social Security Number

Contingent (secondary) - *Receives benefits ONLY if no Primary Beneficiary survives the insured.* The undersigned hereby requests that all previous contingent beneficiary designations and settlement options elected be revoked and makes the following designations (If no entry is made, previous designations and/or elections will remain unchanged):

Name (Please Print)	Name	Name
Address	Address	Address
Relationship	Relationship	Relationship
%	%	%
Social Security Number	Social Security Number	Social Security Number

Signature of Policyowner (with title if applicable)*
Maxine A. Bielfeldt
Date*
7-16-08

REDACTED

Social Security or Tax ID number*

(308) 382-8866

Policyowner's Telephone Number*

Signature of Co-owner (with title if applicable) or
Second Officer with title (if Corporate-owned)
Signature of Witness*
Laura J. Stanton
Date*
7/16/08

Name of Witness (Please Print)*
Laura J. Stanton

* Indicates a required field.

101954HL (06/08)

Page 1 of 1



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EDWARD JONES

PAGE 01/02

Change of Beneficiary



P.O. Box 64582
St. Paul, MN 55164-0582
(800) 231-6453
Fax: (651) 738-5629

VL9329998

Policy Number

Maxine Bliefeldt

Name of Insured

Maxine Bliefeldt

Policyowner's Name

Beneficiary change requests can only be made during the lifetime of the insured. Upon the insurer's receipt of this completed form, the Beneficiary change will be effective as of the date it was signed by the Policyowner and whether or not the insured is living when we receive it. However, the change will be subject to any payment that the insurer may have made or actions it may have taken prior to receipt of the completed form.

Important Instructions

1. If new beneficiary is a trust, a copy of the trust document must be submitted and the trust name and date must be included as the name in the information box below.
2. If additional space is needed, please attach a separate sheet which includes: 1) the policy number and name of insured; 2) the information requested in the box below; 3) signature of Owner(s) along with the date; and 4) the signature of a Witness.
3. For multiple beneficiaries, use percentages NOT dollar amounts. If no percentages are indicated, an equal division is assumed.

Primary — The undersigned hereby requests that all previous primary beneficiary designations and settlement options elected be revoked and makes the following designations (If no entry is made, previous designations and/or elections will remain unchanged):					
Name (Please Print) Susan C. Peters		Name		Name	
Address 8301 Sky Bright Road		Address		Address	
Lincoln, NE 68517					
Relationship Niece	% 100	Relationship	%	Relationship	%
Social Security Number REDACTED		Social Security Number		Social Security Number	
Contingent (secondary) — <i>Receives benefits ONLY if no Primary Beneficiary survives the insured.</i> The undersigned hereby requests that all previous contingent beneficiary designations and settlement options elected be revoked and makes the following designations (If no entry is made, previous designations and/or elections will remain unchanged):					
Name (Please Print)		Name		Name	
Address		Address		Address	
Relationship	%	Relationship	%	Relationship	%
Social Security Number		Social Security Number		Social Security Number	

Maxine Q. Bliefeldt 2-10-10
Signature of Policyowner (with title if applicable) Date

308-382-8866

Policyowner's Telephone Number

Signature of Co-owner (with title if applicable) or
Second Officer with title (if corporate-owned) Date

Laura J. Stanton
Signature of Witness (person cannot be a designated Beneficiary)

Laura J. Stanton

Name of Witness (Please Print)



02/25/2010 17:59 8778544682

EDWARD JONES

PAGE 02/02

Change of Beneficiary



P.O. Box 64582
St. Paul, MN 55164-0582
(800) 231-5453
Fax: (651) 738-5629

VL9329998

Policy Number

Maxine Bielfeldt

Name of Insured

Maxine Bielfeldt

Policyowner's Name

Beneficiary change requests can only be made during the lifetime of the insured. Upon the Insurer's receipt of this completed form, the Beneficiary change will be effective as of the date it was signed by the Policyowner and whether or not the Insured is living when we receive it. However, the change will be subject to any payment that the Insurer may have made or actions it may have taken prior to receipt of the completed form.

Important Instructions

1. If new beneficiary is a trust, a copy of the trust document must be submitted and the trust name and date must be included as the name in the information box below.
2. If additional space is needed, please attach a separate sheet which includes: 1) the policy number and name of insured; 2) the information requested in the box below; 3) signature of Owner(s) along with the date; and 4) the signature of a Witness.
3. For multiple beneficiaries, use percentages NOT dollar amounts. If no percentages are indicated, an equal division is assumed.

Primary – The undersigned hereby requests that all previous primary beneficiary designations and settlement options elected be revoked and makes the following designations (If no entry is made, previous designations and/or elections will remain unchanged):

Name (Please Print) Susan Peters	Name Maxine Bielfeldt Trust	Name
Address 8301 Sky Bright Road	Address 8301 Sky Bright Road	Address
Lincoln, NE 68517	Lincoln, NE 68517	
Relationship Niece	% 50	Relationship Trust
Social Security Number REDACTED	Social Security Number REDACTED	Social Security Number

Contingent (secondary) – *Receives benefits ONLY if no Primary Beneficiary survives the Insured.* The undersigned hereby requests that all previous contingent beneficiary designations and settlement options elected be revoked and makes the following designations (If no entry is made, previous designations and/or elections will remain unchanged):

Name (Please Print)	Name	Name
Address	Address	Address
Relationship	%	Relationship
Social Security Number	Social Security Number	Social Security Number

Maxine Bielfeldt 2-25-10
Signature of Policyowner (with title if applicable) Date

(402) 570-1897
Policyowner's Telephone Number

Signature of Co-owner (with title if applicable) or
Second Officer with title (if corporate-owned) Date

Janet K Wright
Signature of Witness (person cannot be a designated Beneficiary)

JANET K WRIGHT
Name of Witness (Please Print)



10/01/2013 00:53 8778544682

PAGE 03/03

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

09/03/2013

LINCOLN, NEBRASKA

Stanley S. Cooper

STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

13 03644

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Maxine Ann Bielefeldt		2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) August 26, 2013	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Grand Island, Nebraska		5a. AGE - Last Birthday (Yrs.) 93		5b. UNDER 1 YEAR MO. DAYS HOURS MIN.	
6. SOCIAL SECURITY NUMBER REDACTED		7a. PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility		8. DATE OF BIRTH (Mo., Day, Yr.) REDACTED	
7b. FACILITY NAME (If not institution, give street and number) Tiffany Square Care Center		8a. COUNTY OF DEATH Hall		9. DATE OF DEATH (Mo., Day, Yr.) August 26, 2013	
10. CITY OR TOWN OF DEATH (Include Zip Code) Grand Island 68803		11. COUNTY OF DEATH Hall		12. DATE OF DEATH (Mo., Day, Yr.) August 26, 2013	
13. RESIDENCE-STATE Nebraska		14. CITY OR TOWN Grand Island		15. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
16. STREET AND NUMBER 3119 West Faldley Avenue		17. APT. NO. 68803		18. ZIP CODE 68803	
19. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		20. NAME OF SPOUSE (First, Middle, Last, Suffix) (If not a spouse, give maiden name) Theodore Bielefeldt		21. RELATIONSHIP TO DECEDENT Granddaughter	
22. FATHER'S NAME (First, Middle, Last, Suffix) William Merth		23. MOTHER'S NAME (First, Middle, Last, Suffix) Elsie Schoel		24. DATE OF DEATH (Mo., Day, Yr.) August 30, 2013	
25. EVER IN U.S. ARMED FORCES? Give dates of service if yes. Yes, No, or Unknown		26. INFORMANT NAME Down Stange		27. RELATIONSHIP TO DECEDENT Granddaughter	
28. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		29. EMBALMER'S SIGNATURE Laurie O. Sheffield		30. LICENSE NO. 1397	
31. CEMETERY, CREMATORY OR OTHER LOCATION Woodlawn Cemetery		32. CITY/TOWN Grand Island		33. STATE Nebraska	
34. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) All Faiths Funeral Home, 2929 S. Locust Street, Grand Island, Nebraska		35. ZIP CODE 68801		36. DATE OF DEATH (Mo., Day, Yr.) August 30, 2013	
37. CAUSE OF DEATH (See instructions and examples)					
38. PART I. ENTER THE SPECIFIC CAUSE, IMMEDIATE, INTERMEDIATE, OR UNDERLYING CAUSE OF DEATH. DO NOT ENTER A CAUSE OF DEATH WHICH IS AN INTERMEDIATE CAUSE OF DEATH. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE OF DEATH a) Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF: b) Dementia					
DUE TO, OR AS A CONSEQUENCE OF: c)					
DUE TO, OR AS A CONSEQUENCE OF: d)					
39. PART II. OTHER SIGNIFICANT CONDITIONS Contributing to the death but not resulting in the underlying cause given in Part I.					
40. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 45 days of death <input type="checkbox"/> Not pregnant, but pregnant 46 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year					
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined					
42. IF TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
43. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
44. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
45. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
46. DATE OF INJURY (Mo., Day, Yr.)					
47. TIME OF INJURY					
48. PLACE OF INJURY - At home, farm, street, factory, office building, construction site, etc. (Specify)					
49. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
50. DESCRIBE HOW INJURY OCCURRED					
51. LOCATION OF INJURY - STREET & NUMBER, APT. NO., CITY/TOWN, STATE, ZIP CODE					
52. DATE OF DEATH (Mo., Day, Yr.) August 26, 2013					
53. DATE SIGNED (Mo., Day, Yr.) August 27, 2013					
54. TIME OF DEATH 12:23 AM					
55. TIME PROCLAIMED DEAD 12:23 AM					
56. On the basis of examination and investigation, is any opinion of death declared at the time, date and place and due to the cause(s) stated? (Signature and Title) Jennifer L. Brown, MD					
57. DID TODAY'S USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN					
58. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
59. WAS CONSENT GRANTED? (Not Applicable if 58a is NO) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
60. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Jennifer L. Brown, MD, 729 North Custer Avenue, Grand Island, Nebraska, 68803					
61. REGISTRAR'S SIGNATURE Stanley S. Cooper					
62. DATE FILED BY REGISTRAR (Mo., Day, Yr.) August 26, 2013					

EXHIBIT

E

2013-Sep-12 09:38 AM FIVE POINTS BANK 3083898836

1/1



P.O. Box 1507, Grand Island, NE 68802

Trust Services Branch
at 2032 Brentwood Boulevard

Telephone (308) 389-8818

Fax (308) 389-8836

September 12, 2013

Hartford Life
Attn: Claims

Via Facsimile (877) 510-6726

RE: Policy #102 VL9329998 for Maxine A. Bielfeldt

This letter is to notify you the beneficiaries of the above referenced policy may be disputed. Please hold distribution of the insurance policy proceeds until the dispute can be investigated.

Sincerely,

Five Points Bank, Conservator for
Maxine A. Bielfeldt

By: Theresa M Starkey Trust Officer

Five Points Bank, Trustee of the
Maxine A. Bielfeldt Trust dated 3-17-1994 as Amended

By: Theresa M Starkey Trust Officer



BALSIGER LAW OFFICE

Charles W. Balsiger, *Lawyer*

900 Riverside Blvd., P.O. Box 17
Norfolk, NE 68702-00

Phone (402) 379-2543

Fax (402) 379-8191

Cell (402) 640-6220

October 21, 2013

Mr. Kelly Wanovich
Life Claims Examiner
The Hartford
P.O. Box 64287
St. Paul, MN 55164-0287

RE: Policy Number: VL9329998
Insured: Maxine A. Bielfeldt

Email: Kelly.Wanovich@prudential.com

Dear Mr. Wanovich:

In response to your letter of October 11, 2013 addressed to Mrs. Dawn Stange of Norfolk, Nebraska regarding the above referenced matter, please be advised that I represent Mrs. Stange regarding the matter. We submit Mrs. Stange has a colorable claim to at least some if not all of the policy proceeds.

We submit that the policy proceeds and any post-mortem accumulations should not be paid out at this time as we have reason to believe there may have been some degree of fraud or undue influence exercised by Sue Peters, one of the alleged beneficiaries of the policy. In addition, until these issues are resolved it appears The Hartford may incur some liability if payment is made directly to Sue Peters!

Please note that Dawn Stange is Mrs. Bielfeldt's granddaughter and Sue Peters is Mrs. Bielfeldt's niece.

Based upon the initial information provided to me, I am providing you a time line on certain events and transactions that have taken place over the last several years regarding the matter as follows:

October 10, 2002. The policy was acquired by Mrs. Bielfeldt wherein the Maxine Ann Bielfeldt Trust (hereafter referred to as the Trust) was designated as beneficiary.

February 21, 2006. A change of beneficiary was effected naming Dawn Stange as 50% beneficiary and the Trust as 50% beneficiary.

July 16, 2008. A change of beneficiary was effected naming Dawn Stange as 100% beneficiary. (Please note that Dawn Stange was not present, nor did she initiate such beneficiary changes on 2/21/2006 or 7/16/2008)



April, 2009(exact date unknown). Dean Stange and Sue Peters nominated and appointed as co-Powers of Attorney. Dawn Stange nominated and appointed as Health Care Power of Attorney.

June, 2009(exact date unknown). Mrs. Bielfeldt underwent extensive back surgery in Yankton, S.D. leaving her substantially impaired due to the time she was under anesthesia during surgery.

October, 2009. Mrs. Bielfeldt was admitted to Country House, an Alzheimer's and Dementia Care Center in Grand Island, NE.

November 5, 2009. Dr. Jane McDonald, M.D. of the Wagner Medical Group, P.C. issued a written letter opining that Mrs. Bielfeldt has evidence of and has progressive dementia. The letter does not document the date of consultation or evaluation. A copy of the letter is enclosed.

November 19, 2009. Mrs. Bielfeldt is examined by Dr. Jennifer L. Brown, M.D. of Internal Medicine Associates of Grand Island, Nebraska. The Doctor's note of November 25, 2009 indicates Mrs. Bielfeldt has "demonstrated evidence of memory loss with disorientation to time, and poor short term memory and obvious lack of insight into her deficits."

November, 2009 (exact date unknown). The previous POA appointing Dean Stange and Sue Peters is revoked and a new POA appointing Sue Peters as POA is effected.

February, 2010. A new POA appointing Dean & Dawn Stange as POAs is executed & contested by Sue Peters on the basis of Mrs. Bielfeldt's dementia and mental status as incompetent.

February, 2010. A change of beneficiary on the policy is effected naming Sue Peters as 100% beneficiary.

February, 2010. A change of beneficiary on the policy is effected naming Sue Peters as 50% beneficiary and the Trust 50%. (Note: Of these last 2 entries I do not know which took place first and which took place later in time)

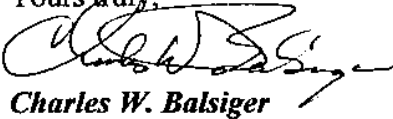
April 15, 2010. Mrs. Bielfeldt is examined by Dr. Robert G. Arias, Ph.D. of Arias Neuropsychology & Behavioral Medicine, P.C. upon referral by Dr. Brown. Dr. Arias's evaluation is attached with his diagnoses of Dementia Probable Alzheimer's Type & Cognitive Deficits.

We submit copies of emails from Sue Peters to Dawn Stange dated October 14, 2010 and December 17, 2011 wherein Mrs. Peters acknowledges the dementia of Mrs. Bielfeldt.

Given the foregoing information (subject to further discovery and verification) we have every reason to believe our suspicions of undue influence on the part of Sue Peters are correct. The allegations set forth in this communication are going to be subject to further discovery and verification. However if the allegations are correct, certainly Mrs. Peters will have to account for her actions, and it is likely that her actions will be the subject of litigation and determination by a Court of competent jurisdiction.

Regarding discovery we request that you furnish this office with a copy of the policy in question together with a record and timeline of all changes or modifications as reflected upon The Hartford's records. Thank you! Documents not included in the email form with this letter are being forwarded by US Postal Service.

Yours truly,



Charles W. Balsiger

CWB:id



Wagoner Medical Group PC

800 Alpha Street • PO Box 5073 • Grand Island, Nebraska 68802-5073 • 308-382-2010 • FAX 308-382-9549

John A. Wagoner Jr. MD,
Internal Medicine BC ABIM

Ryan D. Crouch DO,
Internal Medicine BC ABIM

Jane A. McDonald MD,
Internal Medicine BC ABIM

Zakaria Saleem MD, BCIM
Internal Medicine & Nephrology

November 5, 2009

RE: Maxine Bielfeldt

To Whom It May Concern:

Maxine is an elderly lady who I care who has had a history of recent back surgery, history of mild memory loss, hypertension, chronic cough which is felt to be secondary to Lisinopril. She also has evidence of progressive dementia consistent with Alzheimer's disease clinically. There have been marked concerns about her ability to take her medications properly and her understanding of the medications.

At this time it is noted that she has progressive dementia and is having increasing difficulties with her day to day medical and financial needs.

Sincerely,

Jane McDonald, MD

JMC/rkm

308 382 5290

09:06:51 a.m. 11-25-2009

2 / 2

Internal Medical Associates



729 North Custer Avenue
Grand Island, NE 68803
Phone: (308) 382-9266
Fax: (308) 382-5290

11/25/2009

Patient: Maxine A Biefeldt DOB: **REDACTED**

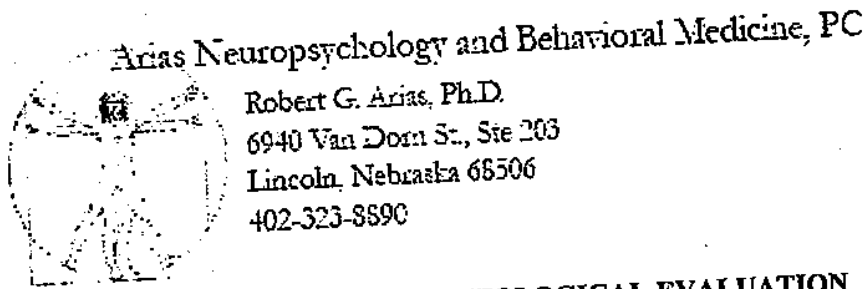
To Whom It May Concern:

My name is Dr. Jennifer Brown and I examined Maxine Biefeldt Thursday, November 19, 2009 at Country House Residence. She demonstrated evidence of memory loss with disorientation to time, poor short term memory, and obvious lack of insight into her deficits. I feel she would be unsafe to live alone and would pose a risk to herself. She needs a Power of Attorney to assist with healthcare and to live in a monitored environment.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Brown", written in a cursive style.

Jennifer L Brown MD



Robert G. Arias, Ph.D.
6940 Van Dorn St., Ste 203
Lincoln, Nebraska 68506
402-323-8890

NEUROPSYCHOLOGICAL EVALUATION

PATIENT NAME:
DATE OF BIRTH:
DATE OF INTERVIEW:
DATE OF TESTING:
REFERRAL SOURCE:

BIELSELDT, MAXINE
REDACTED
04/15/2010
05/03/2010
JENNIFER BROWN, MD

CONCLUSIONS: These results revealed a Dementia that is of moderate severity, and is consistent with what is often seen in a Dementia of the Alzheimer's type. They do report vascular risk factors which may be further contributing. Her impairments were noted specifically in the areas of memory, problem solving, semantic fluency and word finding, with semantic paraphasias. It is notable that her insight and judgment are also significant impairments, as she has no appreciation for her cognitive limitations. She would be considered a high safety risk if living independently.

DIAGNOSES:

AXIS I: Dementia Probably of the Alzheimer's Type
Depressive Disorder NOS (By History)
AXIS II: No Diagnosis
AXIS III: Encephalopathy NOS
Cognitive Deficits
AXIS IV: Living Situation
Primary Support Group
AXIS V: GAF = 42 (Current)

RECOMMENDATIONS:

1. She is appropriate for an assisted living level of care equipped to deal with patients with memory disorders. It is recommended that she be stimulated to participate in as many activities as possible, as her family indicate that the clubs in which she has been involved are not inviting her to return. A routine exercise program is also supported. These activities should be helpful to her mood and overall quality of life.
2. Maintaining an invoked power of attorney to make decisions for her is recommended, given her impaired cognition and decision making capacity.
3. Continuing with her memory medication is also supported.
4. Maintaining readily visible orientation information, such as pictures labeled with names, would be recommended to reduce disorientation that was apparent in the interview.
5. She should be encouraged to use an external memory aid such as a memory notebook to compensate for her memory impairment.

HISTORY OF PRESENT ILLNESS: (90801/96116) The patient is a 90 year-old female who does not know who sent her for this evaluation. She denies any cognitive or emotional complaints. She stated that her two family members in the interview were nieces. Although they stated that one is a niece and one is her granddaughter. She has been living at an assisted living facility for the past year, although she was unaware of the name of the facility. She states that she

dislikes it and would rather be at home. She does believe she would need help getting to the store for groceries. She has not been driving for the past year. She was bored in her residence and states that she has few activities. In contrast, her family indicates short term memory problems for the past two years that are gradually progressive and currently at a moderate level of severity. They have been significantly worse since a 05/09, 9-1/2 hour back surgery. She apparently had atrial fibrillation after the surgery. They do not want her to go home. They tried independent living with home health care in 09/09, but the patient disliked that and home health care quit. She now goes to a bridge club and is in the Red Hat and other social clubs. However, these clubs have called and do not want her to return because she "can't keep up" for example with bridge. She helps the assisted living facility get ready for functions. Her house was full of smoke twice when she was at home because she forgot to open the flue of the fireplace. She is depressed about her current living situation. She was referred to assess her neuropsychological status and to assist in differential diagnosis and treatment planning.

PAST MEDICAL HISTORY: She denied any developmental problems as a child. She denied any other medical problems. Her family however report hypertension and atrial fibrillation. She collapsed in 02/10 with loss of consciousness. She had no pulse for approximately 70 seconds. She is status post a back surgery. There is no reported chemical dependency history.

PSYCHIATRIC HISTORY: She was unaware that she has been treated with Zoloft.

FAMILY HISTORY: Noncontributory.

MEDICATIONS: Zoloft and Aricept for the past month, vitamin C, calcium, digoxin, furosemide, loperamide, lorazepam, Tylenol.

SOCIAL HISTORY: She was raised by her mother and maternal grandmother. Her father died when she was age 9. She has two younger sisters. She denied any history of abuse, perpetration of abuse or legal problems. She has been married and widowed twice. She has three children. She has a high school education and was an above average student with no history of learning difficulties. She has no military history. She has worked primarily as a homemaker and part-time as a bookkeeper.

PROCEDURES USED: Recognition Memory Test, Grooved Pegboard, Judgment of Line Orientation, Rey-Osterrieth Complex Figure, Boston Naming Test, Controlled Oral Word Association Test, Animal Fluency Test, Stroop Color/Word Test, Trail Making Test, California Verbal Learning Test, Spatial Span, Logical Memory, and Visual Reproduction subtests of the WMS-III, Wisconsin Card Sorting Test, WAIS-IV, Block Design, BDI-II, clinical interview with the patient, and record review.

BEHAVIORAL OBSERVATIONS: The patient was pleasant and cooperative. She was unaware of the president, but was oriented to date and time. She was a vague historian and frequently repeated herself in her statements. Insight and judgment were marked impairments. She was estimated to be of average premorbid intelligence. Results are valid.

RESULTS: (996118/96119; 96101/96102)

Intellectual Functioning: On the WAIS-IV, the patient obtained a Verbal Comprehension Index of 87, Perceptual Reasoning Index of 100, Working Memory Index of 92, Processing Speed Index of 94, and Full Scale IQ score of 92, corresponding to the low end of the average range and the 30th percentile. There is a 95% chance that her true Full Scale IQ score falls between 88 and

BIELSELDT, MAXINE

96. The Verbal Comprehension score was a weakness relative to the Perceptual Reasoning Score.

Sensory/Motor/Visual Construction: Fine motor coordination was mildly to moderately impaired bilaterally, although scores were comparable across hands. Judgement of spatial relationships was low average. Block construction and complex visual construction were average and low average, respectively.

Language: Spontaneous speech revealed some word finding difficulties. Comprehension was reduced for more complex information. Confrontation naming revealed moderate word finding problems, with semantic paraphrases. Phonemic verbal fluency was average, while semantic verbal fluency was mildly impaired. Vocabulary skills and general fund of knowledge were low average to average.

Attention: General cognitive efficiency was average for verbal and visual information. Visual scanning and sequencing with a motor response was average, and became low average with cognitive flexibility. Psychomotor speed was average. Auditory-verbal and visual-spatial spans of attention were low average to average. Mental arithmetic was average.


Memory: Verbal learning through repetition revealed a mildly impaired learning curve, although she retained none of the information after a delay. Recognition performance improved to some extent, although remained mildly impaired. This indicates a marked memory impairment with components of consolidation and retrieval difficulties. Immediate and delayed memory for short stories was mildly impaired. Recognition was low average. Immediate and delayed memory for simple and more complex visual information was moderately to markedly impaired, due primarily to a retrieval difficulty. It is notable that she retained very little information.

Executive Functioning: Visually-based problem solving skills were markedly impaired, as she was grossly unable to conceptualize the task and lost her train of thought several times.

Emotional Functioning: On the BDI-II, the patient denied any symptoms of depression, with a raw score of 0.

As always, thank you for allowing me to participate in the care of your patients. Please feel free to contact me if you wish to discuss these findings further.

These opinions are offered within a reasonable degree of psychological probability. There was no duplication of services in this evaluation.



Robert G. Arias, Ph.D.
RA/MT#35
DD: 05/05/2010
DT: 05/05/2010

10/18/13

Gmail - Grandma



Grandma

Sue Peters <susancpeters@gmail.com>
To: DawnStange@gmail.com

Thu, Oct 14, 2010 at 1:43 AM

Dawn,

After receiving your email and doing some serious thinking, I decided to call your grandma's attorney and see if I am being too cautious about her finances. I am not, as he assured me that I am doing my job as her POA. There will be no more going to the bank with her and she will not be signing any receipts. Dawn, you know she has dementia. Her short term memory is gone. She will sign any thing anyone asks her to sign. All bills come to me. A list of expenses will no longer be tolerated without the actual receipt. You said that Dean fixed the water leak. Send me the receipt for parts and I will reimburse you. As I said, money for meals and gas will have to be taken from her trust account at the home. As for Sunday's, you pay for it, send me the actual receipt and I will send you a check. If you can't afford to come down so often, I understand. The Will says that it is my job to get rid of the house contents and I will do that. If you remember correctly, I said we need to think about getting the house ready to sell and that you and I should go through things together starting in the basement. I never intended for the house to be on the market this fast. How are other family members going to be able to have something to remember her by (which she wants) when everything is packed and up in Norfolk? Things are moving too quickly and I told you I couldn't come down until late Oct. to help. It's funny about the car, she was grumbling to me at the wedding rehearsal dinner that she turned the car over to you and now she was expected to pay for the repairs. I have known for years that the car was to go to you. I have no qualms about that. Just stating that you are fortunate.

As far as selling the house, Galen reaffirmed just what I told you and your grandma, that the money goes back into the Bielfeldt Family Trust and in return she continues to be well taken care of.

I have talked to Will, and he, your grandma and I will be meeting. There is no need for you to be there as your grandma told me she doesn't want you there and you are no longer her POA. You are right, I have nothing to hide, but I am curious as to why you are so interested in her financial situation when you have already read everything. She has told me over and over that she does not want you involved in her finances.

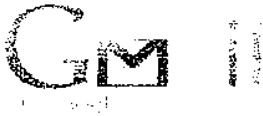
As for the expense justification, what about the \$1000.00 taken out July 14, the week before the wedding? I believe I gave you an additional \$500 for Hotel rooms and extra for gas/food too. And for the record my computer was \$400 not \$600 and I have dearly appreciated it. That is my only compensation. I have a hard time too making ends meet. My tires are as bald as an eagle and that is another reason I don't make the trip to GI as often I would like to.

I will not be made a fool of. Like I said, your grandma made me her POA years ago, because she knew she could trust me and I would look out for her if need be. Your grandma shared many things with me many years ago. I didn't want it to come to this, but when I saw those large sums of money withdrawn within a short time and your grandma had no recollection of it with her dementia, I knew I had to step in. I could care less if she wants to give you gas money, etc. from time to time. I know that is her. Please remember, your grandma has dementia. Were you aware that she left an envelope of money at a restaurant? I also called the Liederkrantz and that has been taken care of. Financial matters have to go through me. I always share with her and bring the notebooks when I come so we can look at them and discuss, even though she may not remember, but I know it makes her feel important. I love my Auntie Max and that is why I am doing the best I can to look out for her now that she has dementia.

Again, I hope you can understand and respect what I am asking for as her POA.

10/21/13

Gmail - Your Grandmother



Your Grandmother

Sue Peters <susancpeters@gmail.com>

Sat, Dec 17, 2011 at 8:13 PM

To: Dawn Marie Stange <dawnstange@gmail.com>

Cc: Stacy Glock <sglock@chresidences.com>

Dawn,

I just returned from GI. I had planned on taking your grandmother out, but CH recommended we not leave as your grandmother had a very difficult week. She had daily episodes of passing out or nearly passing out and times when she would forget how to walk or know what to do. I could see her decline as she was satisfied just to sit. We had a wonderful visit and time together at the Home. I don't know if you are planning on going to see her tomorrow, but if you do, I am asking that you either eat at the Home or bring something in since she has been so unstable lately. We certainly do not want her to fall and break any bones. Together we talked about her dementia and why she has to live at CH. I know she would love to see you.

CH is so knowledgeable in working with these situations and I trust their judgement.
Thank you for your understanding, love, and respect for your grandmother.

Sue